	- OF-CAL \/⊏I		Traveler ID	see وا Unit Code	IRIT.	NZ	uacy State	ement on r	evei	se side	B	K Trip?	O YES	○ No	
STATE OF CALIFORNIA See State of Statement on Reverse Side of Statement on Statement								P	age	of	Pages				
CLAIMANT'S NAME Fiscal Year Karen Baker 2008-2009				2008TEC1745			SSN OR EMPLOYEE NUMBER*					DEPARTMENT OPR			
S.	tary	of Volunteering and	CB/ID NO.: EXEMPT			California Volunteers						PCA # 11100			
SESIDENCE VUUDESS.							1110 K Street Suite 210						1	TELEPHONE NUMBER 916-323-7646	
STATE Sacramento CA			ZIP CODE		CITY Sac	Sacramento					STATE CA	ZIP CODE 95814			
•	TH/YEAR	``	(4)	(5)	MEALS		(6)	(7)	1	NSPORTA	TION		(8)	(9)	
Aug 2	TIME_	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE	(C) CARFARE, TOLLS, PARKING	PRIVAT	(D) E CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSE FOR DA	
8/8		Sac to DC	114.50 \$114.15								20	\$11.00		د.کد/ \$125.1	
8/9		DC								101.40		\$0.00		\$101.4	
8/10		DC	\$6.00	6.00						\$25.00		\$0.00		\$31.0	
 8/11 		DC										\$0.00		\$0.0	
8/12		DC										\$0 .00		\$0.0	
1/13,	2315	DC to Sac		6.00 \$9.00	\$10.00	12.04				143.00	20	\$1 1.00		182,0 \$101.0	
												\$0.00		\$0.0	
												\$0.00		\$0.0	
<u> </u>) -							图	<i>y</i>			\$0.00		\$0.0	
						of Francisco	Alle	1 2 7 p	1000	: 1		\$0.00		\$0.0	
		- E								****	<u> </u>	\$0.00		\$0.0	
			·				ADMITA	SALIVE SE	V)!	AFOR S	1	\$0.00		\$0.0	
	_		·/// ==0	40, 00		10.0%						\$0.00		\$	
)	SUBT	TOTALS	114.50 \$ 120.15	/2.00 \$9.00	\$10.00	12.04 \$18.00				269.40	\$40) 22		439.9 \$448.5	
	cc	DEUMN CODE (ACCTG: USE	ONLY)							CLAIM	ΤΟΤΔΙ	<u> </u>	139.94 _¢	440 55	
					-A							NORMAL WA	φ-	770.00	
n Wa	ashing	TRIP, REMARKS AND DETAILS (Attaction DC for the National	Citizen Corp	os Prepa	redness								HICLE LICEN	SE NUMBE	
		ne conference on the 10 a 11th or 12th. Stayed a						expenses	•		(14)	MII FAGE R	4ybd:		
,,,,,														.55	
											AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER \$0.55				
IE ivatery i	CERTIF owned veh	Y That the above is a true statement of nicle was used, and if mileage rates excent have met the requirements as prescribe	the travel expenses	incurred by m	ne in accorda	nce with DPA	rules in the sevenicle was e	ervice of the Sta qual to or great	ate of C	California. If			40	. – 🕶	
		have met the requirements as prescribe	d by SAM Sections	0750, 0751, 0	1/52, 1/53, a			e safety and se			L-AND P	AYMENT	DATE		
		ENSE AUTHORIZATION - SIGNATURE	and Time to the	8/21	4001	1X_1	UR	17 · C	<u> </u>	MI	<u>ز</u>	······································	DATE	6.05	